Return completed application in person to:
Sun Van
601 Yale Blvd., S.E.
Albuquerque, NM 87106
Phone: (505) 764-6165
TTY: (505)764-8920

OFFICE USE ONLY

ID No._____

Exp. Date_____

Date Received in office
_____

April 1999

MINI RIDE CERTIFICATION FORM

The information obtained in this certification process will be used by ABQ RIDE for the provision of transportation services.

PART I. TO BE COMPLETED BY APPLICANT (Please print or type).

Last Name_____First Name_____Mid. Initial_____
Street Address_____Apt. Number_____
City or Town_____State_____Zip_____
Mailing Address_____City_____State_____Zip_____
Home Phone_____Work Phone_____
Social Security Number_____Date of Birth_____

Please answer all of the following questions:

1. Are you sometimes able to board and disembark without assistance from an ABQ RIDE bus without a wheelchair lift? (ambulatory passengers)
   Yes_____ No_____ If no, please explain:_____
   _____
2. Are you able to board and disembark without assistance from an ABQ RIDE bus with a wheelchair lift?
   Yes_____ No_____ If no, please explain:_____
   _____
3. Are you able to travel to the nearest bus stop?
   Yes_____ No_____ If no, please explain:_____
   _____
   Location:_____How far?_____
4. Do you currently use ABQ RIDE bus services?
   Yes_____ No_____ What routes?_____

5. Are you able to handle money and transfers, and are you able to use railings and handles?
   Yes_____ No_____ If no, please explain:_____
   _____
6. Are you able to keep balanced while seated on a moving bus?
   Yes_____ No_____
7. Are you able to understand bus schedules? Yes_____ No_____
   Understand and follow directions? Yes_____ No_____
   Process information to ride ABQ RDIE bus? Yes_____ No_____
8. If you can use a lift-equipped bus, are you presently unable to ride because:

   _____ One or more routes you want to ride do not have lift-equipped busses
   _____ The lift cannot be operated at bus stops where you need to board
   _____ Your wheelchair cannot be accommodated on an ABQ RIDE vehicle
   _____ Other?_____

9. Are you prevented from traveling to or from a bus stop boarding location for one or more of the following reasons?

   _____ Inability to negotiate hilly terrain
   _____ Extreme sensitivity to climatic conditions
   _____ Allergic/Environmental sensitivities
   _____ Hyper-fatigue, frailty
   _____ Night Blindness
   _____ Inability to cross busy intersections
   _____ Inability to climb 3, 10-inch steps
   _____ Bus stop too far away
   _____ Other reasons, please explain:_____
   _____

10. Are you able to perform the following functions without supervision?
    a. Find your way between familiar locations?
       Yes_____ No_____ Yes, with training_____
    b. Signal the bus driver to get off at a familiar stop and get off the bus there? Yes_____
       No_____ Yes, with training_____
    c. At a bus stop served by more than one bus route, can you distinguish the correct bus to board and indicate your intention to board?
       Yes_____ No_____ Yes, with training_____
11. Are you able to perform the following functions without the assistance of another person?

    _____ Travel 200 feet (the length of a city block)?
    _____ Travel 1/4 mile?
    _____ What is the maximum distance you can travel to get to a bus stop?

12. Is your ability to get from place to place affected by:

    _____ Terrain, such as steep hills, no sidewalks, no crosswalks or other conditions?
    _____ Rain, snow or ice?
    _____ Extreme temperatures of heat or very cold, windy weather?

13. Are you able to wait outdoors for 10 minutes?
    Yes_____ No_____ Sometimes_____ If no, please explain:_____
    _____
14. Do you have trouble standing for more than 15 minutes?
    Yes_____ No_____ Sometimes_____ If yes, please explain:_____
    _____
15. Does your disability allow you to use the bus when you are feeling well, and on *bad days,* you can't make it to the stop, or even get on the bus?
    Yes_____ No_____ Sometimes_____ If Yes, please explain:_____
    _____
16. Are there sidewalks at your residence? Yes_____ No_____
17. How would you describe the terrain where you live? (very steep hill, long gradual hill, flat, etc.)_____
    _____
18. Are you able to cross the street or a busy intersection by yourself?
    Yes_____ No_____ If Yes, under what circumstances?_____
    _____
19. Have you ever received mobility training for routes or destinations?
    Yes_____ No_____ If Yes, what did you learn?_____
    _____
20. If travel training were available, would you be interested in participating?
    Yes_____ No_____
21. List three of your most frequent destinations, and how you get there.

Destination Street Address	**Frequency of Travel**	**How do you get there now?**
_____	_____	_____
_____	_____	_____
_____	_____	_____

22. Are there places you would like to go that you cannot get to now?

Destination Street Address	**Frequency of Travel**	**Barrier**
_____	_____	_____
_____	_____	_____
_____	_____	_____

23. How did you find out about the Mini Ride Service?_____
_____
_____
_____

The questions in this section are designed to give us a better understanding of your opinions about certain aspects of accessible fixed route bus service. Please read each question carefully and circle the number that indicates whether you agree, disagree, or not sure.

	Agree	**Disagree**	**Not Sure**
1. The bus system is too complicated for me to figure out.	1	2	3
2. I've heard good stories about ABQ RIDE bus service from other people.	1	2	3
3. I'm not at all interested in using ABQ RIDE service for my transportation.	1	2	3
4. I *have* to have a seat on the bus, but afraid I won't get one.	1	2	3
5. Everyone on the bus will be inconvenienced since it takes me longer to board. People will get angry.	1	2	3
6. Riding the bus makes me more vulnerable to crime, and I'm afraid for my safety.	1	2	3
7. I think my neighborhood has good bus service.	1	2	3
8. I'm afraid I'll get off at the wrong stop.	1	2	3
9. Arriving at my destination on time is not important to me.	1	2	3
10. Lower ABQ RIDE bus fares compared to Mini Ride are an incentive for me to ride the bus.	1	2	3
11. Taking my trips by bus would take me too long.	1	2	3
12. I need help with the tie downs and I don't think the ABQ RIDE driver will help me.	1	2	3
13. I'd have to get up earlier in the morning to use the bus, which would be a problem.	1	2	3
14. Lifts on buses break down very often, I don't think the service is reliable.	1	2	3
15. If the bus moves before I'm seated, I'm afraid I might fall.	1	2	3

PART II. IN CASE OF EMERGENCY NOTIFY:
(Please select someone who would NOT be riding with you)

Name_____Relationship_____

Home Phone_____Work Phone_____

Address_____City_____Zip_____

I certify that the information provided in this application is accurate. I understand that false information may result in the denial or annulment of Mini Ride Service. I further understand that all information will be kept confidential, and only the information required to provide the services I request will be disclosed to those who perform those services.

Applicant's signature_____ Date_____

Interviewer's signature_____ Date_____

I understand my responsibilities and rights for Mini Ride Service and they are:

1. Mini Ride is public transportation and I will be sharing rides with other passengers.....
2. Mini Ride does not provide emergency service.....
3. I must show my Mini Ride I.D. Card and pay the fare each time I ride.....
4. Three "No Shows" in 30 days could result in ridership suspension.....
5. Mini Ride has 15 minutes before and 15 minutes after scheduled pick up time to arrive.....
6. Mini Ride will wait only 5 minutes from the time it arrives.....
7. A maximum of 3 round trips may be scheduled per phone call.....
8. Mini Ride is curb to curb service.....

Screening Committee Review:

Reviewed by_____ Date_____ Decision_____

Reviewed by_____ Date_____ Decision_____

Reviewed by_____ Date_____ Decision_____

Comments_____
_____
_____
_____

If applicant has been assisted by someone else in completing this application, that person must complete the following:

Name_____

Address_____

City/State/Zip Code_____

Relationship to applicant_____

Day time phone_____

PART III. TO BE COMPLETED BY APPROPRIATE HEALTH CARE PROVIDER:
(Please print or type).

Please check one:

_____Physician _____Licensed Health Care Provider _____Licensed Rehab/Social Worker

Applicant's Name_____

Medical diagnosis of condition causing disability. _____
_____
_____

Is the condition permanent? _____Yes _____No
If not, expected duration____/____/____

Does this disability prevent applicant from using fixed route services (regular bus service)?
_____
_____
If Yes, describe in detail_____
_____
_____

The following information will be used to ensure that an appropriate vehicle is sent to provide transportation and that an accurate analysis of applicant's trip requests can be made by the Mini Ride Service.

Does applicant use any of the following aids for mobility? (check all that apply)

___Cane	___Power Chair	___Communication Board
___White Cane	___Large Power Chair	___Service Animal
___Walker	___Power Scooter(3-wheeler)	___Portable Oxygen Supply
___Crutches	___Manual Chair	___Personal Care Attendant
___Leg Braces	___Picture Board/Alphabet Board	___Other Type of Aid_____

	YES	NO
Can applicant walk or wheel 1/4 mile without the assistance of another person?	_____	_____
Can applicant climb three 10-inch steps without assistance?	_____	_____
Can applicant wait outside without support for 15 minutes?	_____	_____
Is applicant on dialysis?	_____	_____
Does applicant have a hearing impairment?	_____	_____
Is the applicant able to give address and phone numbers upon request?	_____	_____
Is the applicant able to recognize a destination or landmark?	_____	_____
Is the applicant able to deal with unexpected situations or unexpected changes in routine?	_____	_____
Is the applicant able to ask for, understand, and follow directions?	_____	_____
Is the applicant able to safely and effectively travel alone through crowded and/or complex facilities?	_____	_____

If the applicant has a visual impairment:

	Right Eye	Left Eye	Both Eyes
Visual Acuity with best correction:	_____	_____	_____
Visual Fields:	_____	_____	_____

Please describe any other disability or effect that prevents applicant from using regular bus service.

_____
_____
_____
_____

Based upon my professional knowledge of the applicant, I certify that the preceding information is true and correct.

Name of Health Care Provider (Please Print)_____

Office Phone Number_____

Office Street Address_____City_____State_____Zip_____

State License No. (Complete if applicable-must be current)_____

Signature_____Date_____
